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## \*BIBDATASHEET\*

CONFIRMATION NO. 7196

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/598,134	<b>FILING OR 371(c) DATE</b> 06/21/2000 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2141	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**  
 Eric Schneider, University Heights, OH;

**\*\* CONTINUING DATA \*\*\*\*\*** *Yes HMC*  
 This application is a CIP of 09/532,500 03/21/2000  
 which claims benefit of 60/125,531 03/22/1999  
 and claims benefit of 60/135,751 05/25/1999  
 and claims benefit of 60/143,859 07/15/1999  
 and is a CIP of 09/525,350 03/15/2000 PAT 6,338,082  
 which claims benefit of 60/130,136 04/20/1999  
 and claims benefit of 60/157,075 10/01/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None HMC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

**ADDRESS**  
 24226

**TITLE**  
 METHOD AND APPARATUS FOR INTEGRATING RESOLUTION SERVICES, REGISTRATION SERVICES, AND SEARCH SERVICES

<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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